	e for form 1449A		5, no persons a	are required to respond to a collection o	of information unless it contains a valid OMB control number.	
INFORMATION DISCLOSURE				Complete if Known		
STAT	EMENT B	Y APPLICA	ANT	Application Number	10/666,793	
				Filing Date	Sep 18, 2003	
				First Named Inventor	Daniel J. Matthews	
				Art Unit	2194	
				Examiner Name	Kimbleann C. Verdi	
(U	(Use as many sheets as necessary)					
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/Kimbleann Verdi/ 10/05/2009 DATE CONSIDERED

**EXAMINER**